Image# 14978234980 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Us	e Only	
1.	NAME OF COMMITTEE (in		PE OR P	RINT ▼		mple: If typing the lines.	ng, type	12FE4M	I5		
C	careFirst BlueC	Cross Blue	Shield	d Associa	ates' Fede	eral PAC				1 1	I
_											
Ш											
AD	DRESS (number and	d street)	10455 Mil	I Run Circle							
ř	Check if diffe										
١	than previous reported. (AC		Owings N	1iII				MD	21117		
2.	FEC IDENTIFICA	ATION NUMI	BER ▼		CITY 🛦		S	STATE A		ZIP COI	DE 🛦
	C C00286922	2			3. IS THIS REPORT	\ \ \	NEW N) OR		AMENDED (A)		
4.	TYPE OF REP (Choose One)	ORT	(b) Mont	ort	Feb 20 (M2)		May 20 (M5)	Au	ıg 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due		Mar 20 (M3)		Jun 20 (M6)	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)	00	ct 20 (M10)		Jan 31 (YE)
	_	Report (Q1)	(c)	12-Day		Primary (12F	P)	Genera	al (12G)		Runoff (12R)
	July 15 Quarterly	Report (Q2)		PRE-Electio Report for the		Convention (12C)	Specia	l (12S)		
	X October	15 Report (Q3)				(oposis	(120)		
	January			E	Election on	M M /	D D /	Y Y Y	Y	in the State of	
	July 31 N Report (I Year Onl	Non-election	(d)	30-Day POST-Electi		General (300	G)	Runoff	(30R)		Special (30S)
		on Report		Report for the	ne:	M = M /	D D /	Y Y Y	Y	in the	
	(TER)			E	Election on					State of	
5.	Covering Period	07	/ D 01		014	through	M M M	/ D D 30	/ Y Y 201	4 <u>Y</u>	
l ce	ertify that I have ex	amined this F	Report ar	nd to the be	est of my kno	wledge and I	belief it is true	e, correct a	and complet	e.	
	pe or Print Name of		Jeanne K		,						
Sia	nature of Treasurer	. Jeanne K	ennedy			[Electronically	v Filedl D	ate 10	M / D	D /	2014
Jig	nature or measurer		<u> </u>				, <u>,</u> Di	10			
NO	TE: Submission of fa	alse, erroneou	s, or inco	mplete infor	mation may su	bject the per	son signing th	is Report to	the penaltie	es of 2 U	J.S.C. §437g.
	Office					-				FOR	
	Use Only									ev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 07 01 2014 To: 09 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		10012.88
	(b) Cash on Hand at Beginning of Reporting Period	13505.07	
	(c) Total Receipts (from Line 19)	7364.65	20856.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20869.72	30869.72
7.	Total Disbursements (from Line 31)	1999.45	11999.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18870.27	18870.27
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: 07	01 2014 To:	09 30 2014 COLUMN B					
I. Receipts	I. Receipts Total This Period						
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees							
(i) Itemized (use Schedule A)	3068.00	6556.00					
(ii) Unitemized(iii) TOTAL (add	4296.65	14300.84					
Lines 11(a)(i) and (ii)	7364.65	20856.84					
(b) Political Party Committees	0.00	0.00					
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00					
11(a)(iii), (b), and (c)) (Carry	7364.65	20856.84					
Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	7304.03	2000.04					
Party Committees	0.00	0.00					
13. All Loans Received	0.00	0.00					
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00					
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00					
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 							
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	7364.65	20856.84					
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7364.65	20856.84					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 111101 01100	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) N 5 1 101	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
(b) Other Federal Operating Expenditures	0.00	0.00				
(c) Total Operating Expenditures	7					
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00				
Transfers to Affiliated/Other Party						
ConmitteesContributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	500.00	8000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E)	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use Scriedule F)	7 7 7	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
=						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	1499.45	3999.45				
_		, , , , , , , , , , , , , , , , , , , ,				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
(i) I cociai chare	7 7					
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely						
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	2.22					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Dishuraamenta (add Lines 21/a) 22						
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000 45	14000 45				
20, 27, 20, 20, 21, 20(a), 29 and 30(b))	1999.45	11999.45				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	1999.45	11999.45				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7364.65	20856.84		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7364.65	20856.84		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE		6	OF		13				
(check only one)										
X 1	11c		12							
1:	3	14		15		16			17	

	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	14	
CareFirst BlueCross BlueShield	Associates' Federal PAC	
Full Name (Last, First, Middle Initial) A. Aliza Rothenberg		Date of Receipt
Mailing Address 3413 Deep Willow Avenue		09 30 2014
City	State Zip Code	Transaction ID : 12621191
Baltimore	MD 21208-3116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer	Occupation	
CareFirst of Maryland, Inc	AVP, MARKET PLNG & ANALYSIS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Mr. Chester Burrell		Date of Receipt
Mailing Address 3023 O Street		M = M / D = D / Y = Y = Y
City	State 7:- On the	09 30 2014
City	State Zip Code DC 20007-3108	Transaction ID : 17272273
Washington	DC 20007-3108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer	Occupation	
CareFirst, Inc.	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Mr. Fred Plumb		Date of Receipt
Mailing Address 8207 Mount Vernon Highway		09 30 2014
City	State Zip Code	7 Transaction ID : 19341029
Alexandria	VA 22309-1915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	700.00
Name of Employer	Occupation	
CareFirst BlueCross BlueShield	SVP ASU - FEP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1700.00	
SUBTOTAL of Receipts This Page (optional)		1484.00
- 2 Colore tine tage (optional)		
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOF	PAGE	=	7	OF		13				
(check only one)											
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ı		13		14		15		16	6		17

	nd Statements may not be sold or used by any per githe name and address of any political committee t						
NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShi	eld Associates' Federal PAC						
Full Name (Last, First, Middle Initial) A. Mr. Kenny Kan Mailing Address, 12823 MacBeth Farm Lar							
		09 30 / 2014					
City Clarksville	State Zip Code MD 21029-1556	Transaction ID: 19474610					
FEC ID number of contributing federal political committee.	C 21029-1336	Amount of Each Receipt this Period					
Name of Employer CareFirst BlueCross BlueShield	Occupation CHIEF ACTUARY	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00						
Full Name (Last, First, Middle Initial) 3. Ms. Dawn Audia Mailing Address 12113 Rive Flag Way		Date of Receipt					
Mailing Address 12113 Blue Flag Way City Columbia	State Zip Code MD 21044-2753	09 30 2014 Transaction ID : 20857849 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	98.00					
Name of Employer CareFirst BlueCross BlueSHield	Occupation Vice President, Underwriting						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address 6725 Hinesty Drive		09 30 2014					
City Bethesda	State Zip Code MD 20817-5516	Transaction ID : 21380258 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	64.00					
Name of Employer	Occupation EVP, MEDICAL AFFAIRS	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00						
SUBTOTAL of Receipts This Page (optiona	l)	274.00					
	ber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	LINE N	PAGE		8	OF		13			
(check only one)										
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	nd Statements may not be sold or used by any person the name and address of any political committee to					
NAME OF COMMITTEE (In Full)	old Apposites I Fadara I DAG					
CareFirst BlueCross BlueShi	ela Associates Federal PAC					
Full Name (Last, First, Middle Initial) 1. Paul Rempert		Date of Receipt				
Mailing Address 11420-901 Little Patuxent	Pkwy	09 30 2014				
City	State Zip Code	Transaction ID : 21490802				
Columbia	MD 21044-3771	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	188.00				
Name of Employer	Occupation	1				
Carefirst BlueCross BlueShield	SPEC, SERVICE COORDINATION SR					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	460.00					
Full Name (Last, First, Middle Initial) Rita A Costello						
Mailing Address 1911 Corbridge Lane	M M / D D / Y Y Y Y Y					
City	09 30 2014 Transaction ID : PB1363117336070					
Monkton	State Zip Code MD 21111-2027	Transaction ID: PR1262117336070 Amount of Each Receipt this Period				
FEC ID number of contributing	2232	Amount of Each Floodipt time Fellod				
federal political committee.	C	140.00				
Name of Employer	Occupation]				
CareFirst of Maryland, Inc	SVP, STRATEGIC MARKETING					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	400.00	P/R Deduction (\$12.00 Weekly)				
Full Name (Last, First, Middle Initial) C. Wanda K Oneferu-bey	·	Date of Receipt				
Mailing Address 1319 Robin Road		09 30 2014				
City	State Zip Code	Transaction ID : PR1262121136070				
Pikesville	MD 21208-3620	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	520.00				
Name of Employer	Occupation	1				
CareFirst of Maryland, Inc	AVP, INDIV SALES, TRNG, DVLPMT					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	952.00	P/R Deduction (\$16.00 Weekly)				
SUBTOTAL of Receipts This Page (optional)	848.00				
TOTAL This Period (last page this line number	ber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	9	OF	13
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShie	eld Associates' Federal PAC					
Full Name (Last, First, Middle Initial) Sandra A Dilworth Mailing Address 3 Tottenham Court	Date of Receipt					
City	·					
Baltimore	MD 21234-2013	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	112.00				
Name of Employer	Occupation	1				
CareFirst of Maryland, Inc	DIRECTOR, NETWORK & DESKTOP SE					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$4.00 Weekly)				
Full Name (Last, First, Middle Initial) Gregory M Chaney		Date of Receipt				
Mailing Address 16 Fox Creek Court	Otata Zin Code	09 30 2014				
City Owings Mills	State Zip Code MD 21117-1032	Transaction ID : PR1262210236070				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 140.00				
Name of Employer CareFirst of Maryland, Inc	Occupation EVP, CFO & TREASURER	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Weekly)				
Full Name (Last, First, Middle Initial) . Michael B Edwards		Date of Receipt				
	Mailing Address 142361613 Turks Cap Lily Lane					
City Annapolis	State Zip Code MD 21401	Transaction ID : PR1262403036070 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	98.00				
Name of Employer	-					
Group Hosp & Med Srvcs, Inc	·					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$10.00 Weekly)				
SUBTOTAL of Receipts This Page (optional).		350.00				
TOTAL This Period (last page this line number	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	 10	OF	13		
(check only one)										
	[X	11a		11b		11c	12		
			13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShie	eld Associates' Federal PAC			
Full Name (Last, First, Middle Initial) Gwendolyn D Skillern Mailing Address 9925 Middle Mill Dr.	Date of Receipt			
City	09 30 2014 Transaction ID : PR1262714636070			
Owings Mills	MD 21117-6175	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	112.00		
Name of Employer	Occupation			
CareFirst of Maryland, Inc Receipt For:	SVP, AUDIT			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$12.00 Weekly)		
Full Name (Last, First, Middle Initial) 3.		Date of Receipt		
Mailing Address	Mailing Address			
City	City State Zip Code			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	•	112.00		
TOTAL This Period (last page this line numb	er only)	3068.00		

5(CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 11 OF	13
T	EMIZED DISBURSEMENTS		rate schedule(s)	(check only		
			category of the Summary Page	21b	22 🔀 23 🗆 24 🗆 25 🗀	26
		20101100		27	28a 28b 28c 29	30b
	ny information copied from such Reports and Statem					3
or	for commercial purposes, other than using the nam	e and addr	ess of any politica	d committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)					
	CareFirst BlueCross BlueShield As	sociates	s' Federal PA	AC .		
<u>/_</u>						
	Full Name (Last, First, Middle Initial)				Data of Bishamanana	
Α.	Citizens for Eleanor Holmes Norton	1			Date of Disbursement	
	Mailing Address 2201 Wisconsin Avenue NW Suite 3	220			07 31 2014	
	Walling Address 2201 Wisconsin Avenue NW Suite C	520			01 31 2014	
	City	state	Zip Code			
	-	DC	20007		Transaction ID: 61037239	
	Purpose of Disbursement					
				011	Amount of Each Disbursement this Period	bc
	Candidate Name			Category/	500.00	
	Eleanor Norton			Type	500.00	
	Office Sought: House Disbursem	ent For: 2	2012			
		Primary	Meneral General			
		Other (spec	cify) 🔻			
	State: DC District: 00					
	Full Name (Last, First, Middle Initial)				D	
В.	Citizens for Eleanor Holmes Nortor)			Date of Disbursement	
	Moiling Address 2004 Mil A NAVO :				07 31 2014	
	Mailing Address 2201 Wisconsin Avenue NW Suite	320			07 31 2014	
	City	state	Zip Code			
	City					
	•	DC	20007		Transaction ID: 61037244	
					Transaction ID: 61037244	
	Washington Purpose of Disbursement			011	Amount of Each Disbursement this Period	od
	Washington Purpose of Disbursement Candidate Name			011 Category/	Amount of Each Disbursement this Perio	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton	DC	20007			od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Disbursem	DC nent For: 2	20007	Category/	Amount of Each Disbursement this Perio	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate Disbursem	nent For: 2	20007 2014 General	Category/	Amount of Each Disbursement this Perio	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Disbursement	DC nent For: 2	20007 2014 General	Category/	Amount of Each Disbursement this Perio	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00	nent For: 2	20007 2014 General	Category/	Amount of Each Disbursement this Perio	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial)	nent For: 2 Primary Other (spec	20007 2014 General	Category/	Amount of Each Disbursement this Period 500.00	od
C.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00	nent For: 2 Primary Other (spec	20007 2014 General	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement	od
<u> </u>	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton	DC nent For: 2 Primary Other (spec	20007 2014 General	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement	od
— С.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial)	DC nent For: 2 Primary Other (spec	20007 2014 General	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement	od
c.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3	DC nent For: 2 Primary Other (spec	20007 2014 General	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	od
C .	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3	nent For: 2 Primary Other (spec	20007 2014 ☐ General cify) ▼	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement	od
С.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite: Senate President City Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite: Senate President City Senate President State: DC Disbursement	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	od
c.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3 City S Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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с.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3 City S Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton	nent For: 2 Primary Other (spec	20007 2014 General cify) ▼ Zip Code 20007	Category/ Type	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C .	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite: State Suspension City Suspension Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton Office Sought: House Disbursement	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/ Type 011 Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement 08	
C.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite: City Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton Office Sought: House Senate Disbursement	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/ Type 011 Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement 08	od
C .	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3 City S Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton Office Sought: House Senate President Disbursem	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/ Type 011 Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement 08	od
c.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite: City Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton Office Sought: House Senate Disbursement	nent For: 2 Primary Other (spec	20007 2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/ Type 011 Category/	Amount of Each Disbursement this Period 500.00 Date of Disbursement 08	od
C.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought:	nent For: 2 Primary Other (spec	2014 ☐ General cify) ▼ Zip Code 20007 2012 ☐ General cify) ▼	Category/ Type 011 Category/ Type	Amount of Each Disbursement this Period 500.00 Date of Disbursement 08	od
C.	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought: House Senate President State: DC District: 00 Full Name (Last, First, Middle Initial) Citizens for Eleanor Holmes Norton Mailing Address 2201 Wisconsin Avenue NW Suite 3 City S Washington Purpose of Disbursement Void - Citizens for Eleanor Holmes Norton Candidate Name Eleanor Norton Office Sought: House Senate President Disbursem	nent For: 2 Primary Other (spec	2014 ☐ General cify) ▼ Zip Code 20007 2012 ☐ General cify) ▼	Category/ Type 011 Category/ Type	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / 19 / 2014 Transaction ID: 61247125 Amount of Each Disbursement this Period -500.00 Void - Citizens for Eleanor Holmes Norton	od
	Washington Purpose of Disbursement Candidate Name Eleanor Norton Office Sought:	nent For: 2 Primary Other (spec	2014 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Category/ Type 011 Category/ Type	Amount of Each Disbursement this Period 500.00 Date of Disbursement M M M / 19 / 2014 Transaction ID: 61247125 Amount of Each Disbursement this Period -500.00 Void - Citizens for Eleanor Holmes Norton	od

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 13 (check only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	one) 22				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full) CareFirst BlueCross BlueShield As	ssociates' Federal P	AC					
Full Name (Last, First, Middle Initial)							
A. Muriel Bowser for Mayor		Date of Disbursement					
Mailing Address PO Box 60385	07 31 2014						
City S Washington	State Zip Code DC 20039		Transaction ID: 61037240				
Purpose of Disbursement Muriel Bowser, MAYOR DC		011	Amount of Each Disbursement this Period				
Candidate Name Muriel Bowser		Category/ Type	950.00				
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	·ype	Muriel Bowser, MAYOR DC				
Full Name (Last, First, Middle Initial) B. Muriel Bowser for Mayor Mailing Address PO Box 60385			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Sashington	City State Zip Code						
Purpose of Disbursement Muriel Bowser, MAYOR DC	DC 20039	011	Amount of Each Disbursement this Period				
Candidate Name Muriel Bowser		Category/ Type	950.00				
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	7,7	Muriel Bowser, MAYOR DC				
Full Name (Last, First, Middle Initial) C. Muriel Bowser for Mayor		Date of Disbursement					
Mailing Address PO Box 60385		08 14 2014					
City S Washington		Transaction ID : 61235276					
Purpose of Disbursement Void - Muriel Bowser for Mayor Candidate Name	011	Amount of Each Disbursement this Period					
Muriel Bowser	Category/ Type	-950.00					
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		Void - Muriel Bowser for Mayor				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			950.00				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 13						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the							
I LIVIIZED DISDUNSEIVIEN IS		21b	22 23 24 25 26					
	Detailed Summary Page	27	28a 28b 28c X 29 30l					
Any information copied from such Reports and Stater	nents may not be sold or use	d by any nerso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
CareFirst BlueCross BlueShield As	ssociates' Federal PA	AC.						
Caron not Bladdrood Bladdinola 7 to	occiatos i oderan i							
Full Name (Last, First, Middle Initial)								
A. ARAMARK Corporation		Date of Disbursement						
		M M / D D / Y Y Y Y						
Mailing Address 840 First Street NE	08 14 2014							
City								
Washington	State Zip Code DC 20065		Transaction ID: 61235303					
Purpose of Disbursement	20000							
·		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
Muriel Bowser		Type	549.45					
Office Sought: House Disburser	ment For:							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
3.			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address	Mailing Address							
0"								
City	State Zip Code							
Purpose of Disbursement								
·			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type						
Office Sought: House Disburser	nent For:							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
.	Date of Disbursement							
	M M / D D / Y Y Y Y							
Mailing Address								
City	City State Zip Code							
,	Oity State Zip Code							
Purpose of Disbursement	Purpose of Disbursement							
	, ,	Amount of Each Disbursement this Period						
Candidate Name		Category/						
		Type						
Office Sought: House Disburser								
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
			540.45					
$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}$			549.45					
			4.400.45					
TOTAL This Period (last page this line number only)			1499.45					